



# Massachusetts Board of Registration in Nursing Board News...

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## Contact Us:

239 Causeway Street

Suite 200

Boston, MA  
02114

617-973-0800

[www.mass.gov/dph/  
boards/rn](http://www.mass.gov/dph/boards/rn)

The mission of the Board of Registration in Nursing is to *lead* in the protection of the *health, safety and welfare* of the citizens of the Commonwealth through the fair and consistent application of the statutes & regulations governing nursing practice & nursing education

## Board Members

Diane Hanley, RN  
*Chair*

Sheila Kaiser, RN/NA  
*Vice-Chair*

Maura Flynn, RN  
*Parliamentarian*

Laurie Hartigan, LPN

Donna Lampman, RN

Ann Montminy, RN

Salvador Porras,  
*Consumer*

Paulette Remijian,  
RN/NP

Janet Sweeny Rico,  
RN/NP

Mary Jean Roy, RN  
David Seaver, R.Ph, JD  
Philip Waithe, RN

## What's New...

### **Carol Silveira RN, MS - Assistant Director for Policy and Research**

#### Nursing Error Analysis

The Massachusetts Board of Registration in Nursing (Board) is conducting an analysis of complaint cases it closed during 2005 to identify and recommend evidence-based error prevention strategies. The study will assess the characteristics of the licensee, patient and setting involved in nursing errors; categorize the errors; and examine possible causes and contributing factors at the individual practitioner and systems levels. Designed to promote greater patient safety by providing concrete feedback for use by individual practitioners, nursing education and practice systems, and regulatory agencies, the Board will publish its findings later this year.

## Board Member Profiles

### Board Members

#### **Salvador Porras - Consumer**

Mr. Porras, known to his fellow board members as Sal, was appointed in 2004 as one of the two consumer/public members of the Board. The consumer/public representatives are vital members on any licensure board. The concept of including public members is viewed by the licensure community as one method to lessen the perceived conflicts that can appear from the close working relationships of a licensure body and the professional/trade associations who represent the profession rather than the public.

Sal, came to the Board with over 25-years of business, consulting, management, community, and philanthropic experience including being the past Executive Assistant to the Chief Executive Officer for the Massachusetts Port Authority. Married with two children, Sal is a veteran of World War II who recently stated, "My approach to any project is to understand the issues, to undertake the work in a simple straight-forward manner, to ask questions, seek advice from others, and to carry-on in solving all positives and negatives."

#### **David Seaver, RPH, JD - Pharmacist**

Appointed in December of 2003, David is the first pharmacist to hold a seat on the Board of Nursing. His appointment echoes the recommendations of the 2001 Institute of Medicine Report *Health Professions Education: A Bridge to*

*Quality* that calls for educators, accreditation organizations, licensure, and certifying bodies to ensure that students and working professionals develop and maintain proficiency in five core areas which include working as part of interdisciplinary teams.

Currently employed as a risk manager at the Brigham and Women's Hospital in Boston, David believes in the team approach to health care and in bringing multiple professional disciplines together to look at each issue. "I bring the pharmacy perspective and as an attorney, I also have an interest in the law and look at each issue from a legal perspective as well," he stated recently. Following up with, "The Board of Nursing gives me an opportunity to work together with my nursing colleagues to look at issues affecting health care consumers in the Commonwealth. Working together, the Board of Nursing has a positive effect on those issues for both the citizens of Massachusetts and the nurses they regulate."

#### **Laurie Hartigan, LPN**

Holding one of the four LPN seats on the Board, Laurie was appointed to the Board in January 2005. Laurie brings what she describes as a "voice" for the LPN in general and for long-term care settings. Having been an LPN for over a decade, Laurie has held various positions in the long-term care setting, including her current role as a charge nurse.

Having just completed the first year of her 3-year term, Laurie is looking forward to addressing and participating in greater discussions on the role of the LPN in safe and effective nursing practice.

#### **Phillip E. Waithe Jr, RN**

Employed as a clinical educator within the department of nursing at the Massachusetts General Hospital, Phil came to the Board in January 2004. Always looking for new ways to broaden his professional and personal experience, Phil describes being a Board member as having a special opportunity to contribute to nursing practice and education by protecting the public in matters of health care integrity. Phil describes being a Board member as "both challenging and fulfilling".

Phil says that, "It is imperative that as professionals we take a personal interest in and actively participate in activities to ensure safe practice." Recently recognized by the New England Regional Black Nurses Association with its annual Excellence in Nursing award, Phil was described by colleagues as, "a wonderful role model". Congratulations Phil!

### **From the Board Chair**

#### **Diane Marie Hanley, RN, MS - Chair, Board of Registration in Nursing**

Each of us has come into nursing for our own reasons, but together we make a difference in a patient's life, or make a contribution to society in some way nearly everyday. Whether it's at our jobs when we do that little extra to make someone comfortable, or in volunteering in our child's school, or just simply stopping to help someone in need, as nurses we naturally take on the

responsibility to help others.

For those of us who have been in nursing for some time, we have seen many things come and go. One constant and unchanging factor is the need for fairness and consistency in the rules that govern our profession. As Board chair, I have the responsibility of facilitating the proceedings of the board meeting and the duty to oversee that the decisions of the board are fair and in compliance with the laws governing the Board. Luckily, I have the board's Executive Director to collaborate with and the advice of the board's different attorneys to help guide me through the law.

Being fair and consistent means that as a board member we understand how nursing practice and education is constructed, delivered, and evaluated. It means that we are open to new ideas yet committed to the unwavering value and belief that the patient comes first. And, it means that we are continuing to grow as professionals.

I would encourage each and every nurse in the Commonwealth to get involved with a project, idea, committee, group; etc that works to promote patient safety and that fosters the positive image of nursing. Together we can make a difference in patient care and better the experience of those who look to us for services.

Another way of contributing is by being a board member. It is an opportunity to make significant contributions to health care, as well as learn many new professional skills. An appointment to the Board brings rapid change to your life to be sure, but with the support of the other board members and the board staff, getting up and over the learning curve is accomplished in a relatively short time frame.

Appointment to the Board is made by the Governor. In appointing a member to the board the Governor is directed by the language at Massachusetts General Laws Chapter 13, section 13 (<http://www.mass.gov/legis/laws/mgl/13-13.htm>). The law states that at the time of appointment, the nurse member will be a currently licensed nurse, have at least eight years of experience in nursing practice in the ten years immediately preceding the appointment, and be currently employed as a nurse. The board is comprised of 9 RN's and 4 LPN's from long-term care, acute care, ambulatory, education and management. In addition to the nurse members of the board, the law calls for appointment two consumer members, one physician and one pharmacist to the board. The Commonwealth also seeks to achieve the following goals when considering individuals for appointment to the Board:

1. Representation for the geographic, racial, ethnic and gender diversity of the Commonwealth and not of any special or single group;
2. Being free of bias as a result of professional affiliation or other consideration that might impair the fair and responsible implementation of the duties and responsibilities of the board;
3. Able to commit sufficient volunteer time to fulfill the duties and responsibilities of board membership; and

4. Can demonstrate a commitment to integration of patient safety and medical error reduction into the mission, mandates and activities of the Boards.

If you are interested in serving as a board member please email Jean Pontikas, director of the Division of Health Professions Licensure at [jean.pontikas@state.ma.us](mailto:jean.pontikas@state.ma.us) . It is an experience that will change your life forever.

## From the Board Executive Director

### Rula Harb, MS, RN - Executive Director

It seems that I turn the page of the calendar quicker and quicker each month, and although it is still the first quarter of the new year, for us in state service we are fast approaching the last quarter of our fiscal year. The state operates on a fiscal year calendar that begins each July 1, which means for us New Years Eve occurs on June 30!

In preparing for the next fiscal year, I've looked back at the past year and I'm thrilled to report that it has been a very exciting and thoroughly rewarding one. I began the fiscal year by successfully recruiting highly qualified applicants into the *Deputy Executive Director* and *Assistant Director for Policy and Research* positions. My leadership team is fully rounded out with the addition of Bette Lindberg and Carol Silveira respectively.

Many of you know Bette from her previous positions at the Board, as you do Carol from her 16 years as Nursing Education Coordinator. With both of these professionals on board, I am able to move the operational strategic plan forward which includes; innovation, partnering, leadership, and consistency and fairness in applying the regulations. In a more concrete manner, the Board staff is collaborating with:

1. The Board of Higher Education on its Public Higher Education in Nursing Initiative to significantly increase the number of qualified baccalaureate and associate degree nurses entering the workforce in the next 4 years.
2. The Welcome Back Project designed to assist non-U.S. educated nurses to successfully enter the Massachusetts work force.
3. The establishment of a centralized clinical affiliation management system committee.
4. The Massachusetts Extended Care Federation's Long Term Care Nursing Shortage Workgroup which is composed of recruiters from LTC, administrators from Practical Nursing and Associated Degree Nursing programs, and members from the Massachusetts Department of Public Health.

Technologically, the Department of Public Health is designing and implementing the Filenet project which is to improve the document management of complaints. While I'm speaking about improvements in the complaint process, this is an excellent opportunity for me to announce the appointment of *Heather Cambra, RN, JD* as our newest Complaint Resolution Coordinator. Heather has a rich nursing background and combined with her new law degree she is quickly becoming a valuable asset to the Board. Last, I'm proud to say that in fiscal year 2005 the Board resolved 743 open

complaints, this represents a 25% increase from fiscal year 2004 where a total of 592 cases were resolved.

The other very important technological improvement underway is the planning and implementation of a new online licensing database. It is expected to be operational in summer 2006. This system will allow nurses to apply for licensure and to renew current licenses online. Other exciting news is that the Board noted a *56% increase* in admissions among Massachusetts entry-level RN programs in 2005 compared to 2001, with an *increase of 34%* in the number of graduates from RN programs. Disappointing is that the overall NCLEX-RN® pass rate *fell slightly to 85.73%* compared to 86.31% in 2004.

As you can see it has been a truly busy and exciting year filled with new initiatives designed to create regulatory excellence in Massachusetts.

## **From the Nursing Education Coordinator**

### **Judith Pelletier, RN, MSN - Nursing Education Coordinator**

Upon graduation from a Massachusetts Board of Registration in Nursing (Board) approved nursing education program, the candidate for licensure is eligible to write the National Council Licensure Examination (NCLEX®). This examination is designed to test knowledge, skills and abilities essential to the safe and effective practice of nursing at the entry level.

Licensure by examination materials are provided by the nursing education program to all candidates for initial licensure by examination. These packets are distributed to the schools of nursing from Professional Credentialing Services (PCS), Inc. ([www.pcshq.com](http://www.pcshq.com)). PCS is the vendor contracted by the Department of Public Health to provide licensure services on behalf of the Board.

The examination application packet contains: the Massachusetts Application for Initial Licensure as a Nurse by Examination (Practical Nurse or Registered Nurse) with attached information and instructions; the NCLEX® Examination Candidates Bulletin; a "handbook" that contains the statutes and regulations governing the nursing practice in Massachusetts; the Board's Good Moral Character Licensure Requirement Information Sheet; and the NCLEX® Administration Accommodations Due to A Disability Information Sheet.

The process for submitting the application and registering for the examination occurs in two steps.

*Step #1:* The complete licensure by examination application and the \$175.00 fee is mailed to PCS in Nashville, TN.

*Step #2:* The applicant registers with Pearson VUE, Hopkins, MN to write the NCLEX®. Registration may be done by mail, telephone, or the web ([www.pearsonvue.com/nclex/](http://www.pearsonvue.com/nclex/)) with payment of a \$200.00 fee.

It takes approximately 14 business days from the date PCS receives a completed application for the individual to receive an Authorization to Test (ATT) from Pearson VUE. The ATT declares the applicant eligible to write the NCLEX® examination.

The ATT expires 60 calendar days after it is printed; *there are no extensions to this timeframe.*

Candidates should make appointments to test as soon as possible after receiving their ATTs, even if they do not want to test immediately. First-time test takers will be offered an appointment within 30 days of the call to schedule an appointment. The appointment may be declined and scheduled for a later date within the validity dates of the ATT. Massachusetts test sites are located in Boston, Worcester, and Springfield. Candidates may test outside of Massachusetts if preferred.

Numerous security measures are enforced during the administration of the examination. Strict candidate identification requirements have been established. The name printed on the ATT must match exactly the identification presented at the test center. The identification must be valid and have a recent photograph and signature.

Applicants should expect to receive their NCLEX® results from PCS approximately 10 business days after writing the NCLEX®. Examination results are not posted on the Board's web site. Licensure candidates who pass the NCLEX® will be able to view their license number on the Board's website at Check-a-License approximately 5-7 business days after the date of the examination. The successful licensure candidate will receive a hard copy of their nursing license by mail from the Board in approximately 21 business days.

## **From the Nursing Practice Coordinator**

### **Gino Chisari, RN, MSN - Nursing Practice Coordinator**

On March 8, 2006 the Board adopted a revision to its previously published Advisory Ruling on Nursing Practice (Advisory) related to Laser Hair Removal. The Board expanded the Advisory to include non-ablative laser and non-laser light source devices to be used by licensed nurses for hair removal, photorejuvenation, acne, spider vein, vascular and pigmented lesions, tattoo removal, and other conditions as diagnosed by a duly authorized prescriber. Now titled; Advisory Ruling on Nursing Practice related to Non-Ablative Laser and Non-Laser Light Source Device Use, the Advisory and its legal requirements are as follows:

#### **Massachusetts Board of Registration in Nursing**

#### **Advisory Ruling on Nursing Practice**

**Title:** Non-Ablative Laser and Non-Laser Light Sources Device Use

*(Formerly called Laser Hair Removal)*

**Advisory Ruling Number:** 0001

**Authority:**

The Massachusetts Board of Registration in Nursing issues this Advisory Ruling on Nursing Practice pursuant to Massachusetts General Laws ("G.L."), Chapter 30A, section 8 and "G.L." c. 112, s 80B.

**Date Issued:** May 10, 2000

**Date Revised:** January 10, 2002, March 8, 2006

**Scope of Practice:** Registered Nurse & Licensed Practical Nurse *(please note that the patient/client assessment must be completed by the RN or MD)*

**Purpose:** To guide the practice of the Registered Nurse and Licensed Practical Nurse who, pursuant to Massachusetts General Laws, Chapter 112, section 80B and 244 CMR 3.02: Responsibilities and Functions - RN ; and 3.04: Responsibilities and Functions - Practical Nurse, may perform cutaneous procedures that utilize non-ablative laser and non-laser light sources as part of their practice, and in compliance with 244 CMR 9.03 (9): Responsibility and Accountability; 244 CMR 9.03 (10): Acts within Scope of Practice; 244 CMR 9.03(11): Performance of Techniques and Procedures and 244 CMR 9.03 (12): Competency.

**Advisory:** *PLEASE NOTE: For the purposes of this Advisory Ruling on Nursing Practice the use of a CO2 Laser Device by a nurse is prohibited and refers only to those non-ablative lasers and devices that utilize a light source.*

**These devices are also known as:**

Non-Ablative Laser or Light-based devices

**May be used by the nurse for:**

Hair Removal

Photorejuvenation

Acne

Spider vein

Vascular and pigmented lesions

Tattoo removal

Other conditions as diagnosed by a duly authorized prescriber

These devices utilized by a nurse are part of an overall comprehensive plan of care to treat various cutaneous conditions or as part of a self-determined health maintenance/health promotion regime under the following provisions that the nurse:

Has acquired the appropriate continuing education as outlined in 244 CMR 5.00, and includes;

- Evidence of successful completion of a Laser Physics and Safety course including content on the Occupational Safety and Health Administration (OSHA) and American National Standards for the safe Use of Lasers in Health Care Facilities (ANSI) standards,



- Evidence of attending and completion of a nationally recognized and accredited continuing education program that contains both a didactic portion and a practicum component on the safe use and handling of a non-ablative laser and/or non-laser light source devices.
- Can demonstrate annual re-measurement of cutaneous practice competencies, in compliance with 244 CMR 9.03(11): Performance of Techniques and Procedures;
- Can demonstrate evidence of product/device in-service training;

Can demonstrate compliance with the following safe practice requirements:

- Verification of the orders from a duly authorized prescriber;
- Review and verification of a consent to treatment form that clearly informs the client/patient of the operators qualifications, licensure, and expected outcomes of the cutaneous procedure;
- A written assessment, and as required by 244 CMR 9.03 (44): Documentation, includes, but not limited to, and is maintained on site;
- Assessment data inclusive of a past medical, surgical, allergy, and medication histories; skin typing/classification, sun exposure history, current cosmetic/dermatologic product usage;
- Exclusion from treatment criteria;
- Directions for a referral back to, or consultation with a physician or other prescriber when excluded from treatment.
- Identification of and evaluation of a test site as indicated,
- Competence in setting up and using the product/device;
- Providing written patient/client pre and post-procedure education which includes but is not limited to:
  - Self-care instructions
  - Follow-up recommendations
  - Evaluation of the expected outcomes
- Will make his/her name and credentials easily visible to a patient/client in compliance with 244 CMR 9.03(8): Identification Badge and corresponding documentation made available upon request by the public;
- Will possess professional liability insurance covering the nurse's responsibilities for, and performance of, the permissible cutaneous procedures specified in this Advisory Ruling on Nursing Practice.

## From the SARP Coordinators

**Connie Borden, RN and Douglas McLellan, RN, M.Ed**

The Substance Abuse Rehabilitation and Evaluation Committee (SAREC) is an integral part of the Substance Abuse and Rehabilitation Program (SARP). Each committee consists of nine volunteers, appointed by the Board, who are



knowledgeable about the field of substance abuse and/or mental health. Two of the nine volunteers are registered nurses, two are licensed practical nurses, one is a nurse employed as a nursing service administrator, one is a registered or licensed practical nurse who has recovered from drug or alcohol addiction and has been drug and alcohol free for a minimum of two years, and three members are representatives of the public.

The SAREC meets once each month and, with the assistance of the SARP Coordinators, assesses, plans, implements, and evaluates the treatment plans of licensees participating in SARP. The SAREC also meets with nurses requesting admission to SARP and provides the Board with additional expertise regarding substance abuse and recovery. Presently, SAREC meetings are held monthly in Plymouth, Boston, and Holyoke.

Serving as a SAREC member offers nurses and members of the public an excellent opportunity to participate in an important and valuable rehabilitation program for nurses in recovery while assisting in protecting the public from clinicians who are substance abusers. There continues to be a need for nurses and members of the public, who are experienced in the field of substance abuse and/or psychiatric disorders, to serve as a SAREC member. It is a voluntary position with a commitment to attend a monthly meeting. Those interested in becoming a SAREC member are encouraged to contact Doug McLellan, RN, SARP Coordinator, at 617-973-0931.

## **From the Licensure Coordinator**

### **Michael Bearse - Administrative Assistant Supervisor**

Did you know that in Massachusetts you have three ways in which to verify your license?

**Online:** Online verification allows you to search for a licensed nurse on the Board's website ([www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn)) using specific types of information, such as license number, or personal information. To use the Check-a-License feature you need to enter the appropriate information in any of the specific fields, and then execute the search. Please note that when you use the personal information fields you are required to enter the information exactly as it appears on the nurse's license.

**NURSYS®:** If you are requesting verification to another state board of nursing use the Nursys® verification process below.

The purpose of Nursys® is to provide centralized license information to boards of nursing. This service allows nurses to verify their licenses in a number of different states for the single fee of \$30.00. The NURSUS verification is the only accepted form of verification by most jurisdictions. Verification request from NURSUS® can be completed online at [www.nursys.com](http://www.nursys.com) or requested by contacting the NURSUS License Verification Department at (866) 819-1700 toll free or (312) 525-3780.

**Written:** If you need written license verification or a Certification of Standing for a foreign country or an agency other than a state board of nursing, send

your request to the Board office with the required fee. The fee for this service is \$15.00 (by personal check or money order made payable to the Commonwealth of MA).

## **From NCLEX® Examination Item Writer Group**

As nursing faculty at Simmons College, Priscilla Gazarian often asks herself, "Will my students be ready to work in today's complex and fast paced environment?" She is careful to prepare classroom activities based on educational principles and curriculum content. And of course she loves to show her students how to apply knowledge in a clinical setting. She understands that at the completion of their entry-level nursing education, students have to demonstrate that they, in fact, are ready for entry into practice by passing the NCLEX® licensing exam. Priscilla, like other nursing faculty, asks if what is being taught in school reflected in the exam? Are graduates tested on current standards of clinical practice? Volunteering to be an item writer for the National Council of State Boards of Nursing (NCSBN) was described by Priscilla as a great way for her to get answers to these questions.

Priscilla stated, "Lucky for me, a colleague recommended me to the NCSBN to be an item writer. When the invitation and application packet arrived, I thought why not!" She was eligible based on her position as a clinical instructor and staff nurse. Registered nurses are eligible to be item writers if they hold a Master's degree (for NCLEX RN exam) and teach students in a clinical area or work with newly licensed nurses. She submitted the paperwork as requested and was chosen to participate. "It turned out to be a fabulous experience," exclaimed Priscilla upon her return.

Headquartered in Chicago, NCSBN pays all related travel expenses during the Item Writing session. Priscilla recalls that the arrangements were very well organized and the accommodations were quite comfortable. About a dozen faculty members from across the country participated in this session. They were all medical-surgical nurses whereas other sessions focus on item writing for pediatric, maternity and psychiatric specialties. Lenore Harris, a staff member at NCSBN met the volunteers in the hotel lobby on the first morning of the session to escort the item writers to the Pearson Testing Service offices a block away. Most of the first morning was spent being briefed on how the licensing exam is developed. An entire review of the process from the practice analysis to validating newly developed test items was provided. Also reviewed, Blooms taxonomy and the need to write questions which are at a synthesis level of understanding nursing practice. Most importantly, the item writers learn about the new alternative question formats such as multiple multiples and fill-in questions which have been incorporated into the exam since April 2004. Later in the morning the panel was asked to begin writing questions. And that is precisely what the group did for the next three and a half days, wrote NCLEX-RN® questions.

Priscilla confesses, "Now this may sound like pure drudgery, but really I learned a lot about writing good items. Each day we got feedback from the staff, and perfected our new skills. I also came away with a better picture of what the NCLEX represents for my newly graduated students." She goes on to

state, "One of the most enjoyable parts of the conference for me was networking with faculty from across the country. I had a voice in shaping what future NCLEX exams will look like. I would highly recommend participating in NCLEX development."

To learn more visit the NCSBN web site at [www.ncsbn.org](http://www.ncsbn.org)

## Public Hearing Notice

The Massachusetts Board of Registration in Nursing is soliciting public comment on proposed revisions to its regulations at 244 CMR 7.05(6) and 244 CMR 8.00. The proposed revised regulations will be posted in the Statutes, Rules and Regulations section of the Board's website at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn)

A public hearing is scheduled for 10 am to 12 noon on May 22, 2006, in the Mack Conference Room (Conference Room 2), 21<sup>st</sup> Floor, McCormack Building, 1 Ashburton Place, Boston, to receive your oral or written comments on the proposed revisions. Please note that all comments including oral testimony must be received in writing by 5 pm on May 22 for entry into the public record. Direct your correspondence to the Massachusetts Board of Registration in Nursing, 239 Causeway Street, Boston, MA 02114.

## Question of the Month

**Q:** *My Nurse Manager has recently hired an LPN to work on our med-surg unit and several of the RNs are worried about our liability in supervising an LPN, after all we've worked really hard for our license and we're afraid of losing it.*

**A:** The Board holds nurses *accountable* for their conduct and behaviors that are the foundation of safe and effective nursing practice. The regulations governing nursing are located at 244 CMR 3.00-9.00 and specifically the **Standards of Conduct** are located at 244 CMR 9.00 these are available on the Board's website for your use at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn). The Board holds RNs and LPNs to the same standard of individual accountability. In that manner a RN is not responsible for the direct actions of the LPN.

LPNs are licensed nurses with a discrete and differentiated scope of practice. The scope of practice for the RN and LPN are located in the regulations at 244 CMR 3.00. Essentially, the LPN scope of practice is providing direct patient care and usually performed on stable patient populations who have predictable outcomes of care. LPNs are educated to *participate* in the formation, development and when appropriate, the evaluation of plans of care. The LPN is licensed and legally authorized to perform many of the same technical tasks and skills as the RN, such as administering medications.

Supervision is one of those concepts that can be used in a variety of contexts. In Board regulation, supervision by a nurse is within the context of delegating to an unlicensed assistive person selected nursing activities. In the charge nurse/resource nurse, the term supervision is generally an administrative function.

## Important Information

Did you know that each day the postal service returns to the Board office dozens of license renewal applications? Did you know that the US postal service does not forward your license renewal application? Did you know that it is a violation of the regulations if you fail to notify the Board within thirty (30) days of your new mailing address?

The regulations require that as a licensed nurse you must notify the Board of any changes in your name or address within thirty (30) days. License renewal applications will not be forwarded onto your new address as some of your other mail. So, if you don't notify the Board of your address change, your renewal application will be returned to the Board. Remember, if you do not renew your license on time, you are not legal to work. In 2006 all licensed RNs will have to renew their license before their birthday. Mark your calendars to avoid delays!

To change your address with the Board please visit the [Change of Address](#) link on the Board's website.

## Save the Date

The next edition of *Board News* will be available in JULY.